

**EL MONTE POLICE DEPARTMENT**  
**11333 Valley Blvd., El Monte, CA 91731 (626) 580-2100**  
**APPLICATION FOR RELEASE OF A POLICE REPORT**  
**OR OTHER INFORMATION**

DATE OF REQUEST: \_\_\_\_\_ REPORT NUMBER (IF KNOWN): \_\_\_\_\_

DATE OF OCCURRENCE: \_\_\_\_\_ TIME OF OCCURRENCE: \_\_\_\_\_

TYPE OF REPORT: ( ) CRIME ( ) TRAFFIC ( ) U-VISA ( ) OTHER: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

NAME OF VICTIM, DRIVER, OR OWNER: \_\_\_\_\_

VEHICLE LICENSE PLATE NUMBER (if applicable): \_\_\_\_\_

*Person(s) involved, attorneys, or authorized agents representing involved person(s), representatives of insurance companies, victim(s) of crime, are authorized to receive a copy of a report. Release of public records is covered under the California Public Records Act, Government Code Sections 6250-6270.*

*Please note that police personnel have the right to refuse access to records if the requester does not satisfactorily establish his identity. Proper identification will be required.*

*This request shall be processed within 10 day from receipt of the request per Government Code §6254(c) and upon payment of fees per Government Code §6254(b).*

NAME OF PERSON REQUESTING REPORT: \_\_\_\_\_

( ) PERSON INVOLVED ( ) ATTORNEY (signed declaration required)

( ) PROPERTY OWNER ( ) PARTY OF INTEREST: \_\_\_\_\_

( ) REPRESENTATIVE OF INSURANCE COMPANY OR INSURANCE ADJUSTING AGENCY

( ) AUTHORIZED INDIVIDUAL (signed authorization required)

MAILING ADDRESS: \_\_\_\_\_

NAME

ADDRESS CITY STATE ZIP

( ) -

TELEPHONE NUMBER

SIGNATURE

=====DO NOT WRITE BELOW THIS LINE - DEPARTMENT USE ONLY=====

DRIVER'S LICENSE/ID NUMBER: \_\_\_\_\_

OTHER ID: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

( ) GIVEN OVER DESK RELEASED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

( ) REPORT MAILED MAILED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

( ) OTHER: \_\_\_\_\_